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Office Use Only



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APR 13 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: Kane Hearing Care, Inc. DOCUMENT NUMBER: P04000152044					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person Kane Hearing Care Stett 330 Address Naples, FL 34102 City/ State and Zip Code CAK 422@ gmail. Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Carol Hane 11, 239, 860-9579					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment Section					

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Flor	ida Dept. of State)			
Kane Hearing Care, Inc	PU 4000152044			
(Document Number of Corporation (if k		W.	5	
	the same of the first		YEA	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	orida Profit Corporation adopts the following	g amenon	nent(s)	100
as Articles of Incorporation.			5	7
A. If amending name, enter the new name of the corporation:	. ·		-	7
Paradise Coast Hearing Care name must be distinguishable and contain the word corporation."	Inc	Thewne	W_	
name must be distinguishable and contain the word corporation,"	"company," or "incorporated" or the all	bbreviatio	?n <u>'</u>	
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword" chartered," "professional association," or the abbreviation "P.	". A professional corporation name must c	contain ti	hew	
word dialited, protessional association, of the association 1.	•			
B. Enter new principal office address, if applicable:	_N/A	-		
(Principal office address MUST BE A STREET ADDRESS)		_		
		•		
C. Enter new mailing address, if applicable:	NA			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	10/H	•		
		_		
		-		
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the			
new registered agent and/or the new registered office address:				
Name of New Registered Agent N/A				
, (Florida street	address)			
New Registered Office Address: No A (City)				
New Registered Office Address: (City)	, Florida	-		
((1.)			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent. I am familiar wit	• • • • • • • • • • • • • • • • • • • •			
N/A Signature of New Registered Ag				
Signature of New Registered Ag	ent, if changing			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary) 1

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Sally Smith Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove		•	
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
6) Change			
Add			
Remove			
i i Keliluye			

(Attach additi	or adding additional Artic onal sheets, if necessary).	les, enter change(s) he	<u>ere</u> :	
(Artimon issum)				
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16		n	n	
provisions f	nent provides for an exchi or implementing the amer	inge, reciassification, o dment if not contained	or cancellation of issued shar I in the amendment itself:	es.
(if not a	pplicable, indicate N/A)			
	NA			
	•			
			·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_3/16/15	
Signature atick M. Kan	
((By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Patrick M. Kane	
(Typed or printed name of person signing)	
Vice President	
(Title of person signing)	